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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/910,628	
	Filing Date	07/20/2001	
	First Named Inventor	Judith L. Erb	
	Art Unit	1641	
	Examiner Name	Chin, Chirsotpher L.	
Total Number of Pages in This Submission	5	Attorney Docket Number	3060.00021

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR APPLICANT'S MISTAKE (37 C.F.R. § 1.323) and CERTIFICATE OF CORRECTION
<div>Remarks</div> <div>Certificate DEC 07 2005 of Correction</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Kohn & Associates, PLLC	
Signature		
Printed name	Amy E. Rinaldo	
Date	1129/2005	Reg. No. 45,791

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Marie M. Lally	Date 12-1-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 08 2005



Attorney's Docket No: 3060.00021

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No: 6,962,808 *B2*

Issued: 11/08/2005

Name of Patentee: Judith L. Erb, et al.

Title of Invention: METHOD AND APPARATUS FOR MEASUREMENT OF THE EFFECT OF TEST COMPOUNDS ON SIGNAL TRANSDUCTION AT THE LEVEL OF BIOLOGICAL RECEPTORS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ATTENTION: Decision and Certificate of Correction
Branch of the Patent Issue Division

**REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT
FOR APPLICANT'S MISTAKE (37 C.F.R. § 1.323)**

1. Attached, in duplicate, is PTO/SB/44 (also Form PTO-1050), with at least one copy being suitable for printing.

NOTE: Form PTO-1050 (or PTO/SB/44), using the column and line number in the printed patent, should be used exclusively regardless of the length of complexity of the subject matter. M.P.E.P. § 1485, 7th ed.

NOTE: The patent grant should be retained by the patentee. The PTO does not attach the certificate of correction to the patentee's copy of the patent. The patent grant will be returned to the patentee if submitted. M.P.E.P. § 1485, 7th ed.

2. The exact page and line number of where the errors are shown correctly in the application file are:

NOTE: This information should be identified in this request, however, on Form PTO-1050, only the column and line number in the printed patent should be used. M.P.E.P. § 1485, 7th ed.

a) On the front page, at (73), please correct the Assignee information to include both of the Assignees as shown on the Certificate of Correction (Form PTO-1050); and

12/06/2005 HGBREM1 00000026 6962808

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100.00 0P

b) On page 1, column 1, at or about line 12, please insert the Grant Information as shown on the Certificate of Correction (Form PTO-1050).

3. Please send the Certificate to:

Name: Amy E. Rinaldo

Address: Kohn & Associates, PLLC, 30500 Northwestern Hwy., Suite 410,
Farmington Hills, Michigan 48334


(complete, if applicable)

Signature(s) of patentee(s)

or

IA, Inc.

(type or print name of assignee)



Signature of assignee or person
authorized to sign on behalf of assignee

Assignment recorded on

October 1, 2001

Amy E. Rinaldo

(name of authorized person signing)

Reel 012017

Frame 0686

Attorney

Title of authorized person signing

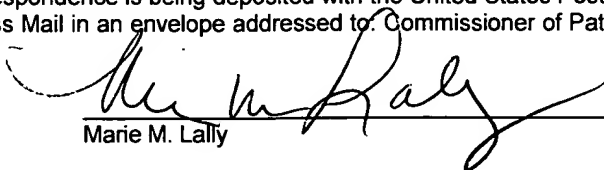
Recordal of assignment attached

NOTE: "A certificate of correction, under 35 U.S.C. 254, may be used at the request of the patentee or [the patentee's] assignee." 37 C.F.R. § 1.322(a). The certificate of correction can be signed by the attorney of record who acts on behalf of the inventor(s) or assignee(s)

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

Date of Deposit: 12-1-05

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Marie M. Lally

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 6,962,808 *B2*

APPLICATION NO.: 09/910,628

ISSUE DATE : 11/08/2005

INVENTOR(S) : Judith L. Erb, James G. Downward, IV, John R. Erb-Downward, James L. Witliff

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

FRONT PAGE (73):

Assignees: IA, Inc., Ann Arbor, MI (US)
The University of Louisville Research Foundation, Louisville, KY (US)

COLUMN 1, LINE 12:

GRANT INFORMATION

This invention was made with government support under grants ES07471 and ES10076 awarded by the National Institute of Health. The government has certain rights in the invention.

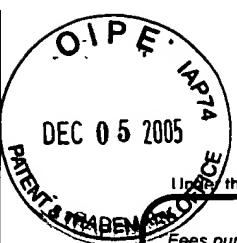
MAILING ADDRESS OF SENDER (Please do not use customer number below):

Kohn & Associates, PLLC
30500 Northwestern, Hwy., Suite 410
Farmington Hills, Michigan 48334

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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DEC 08 2005



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**Complete if Known**

Application Number	09/910,628 (Pat No. 6,962,808) 82
Filing Date	07/20/01 (Issue Date 11/8/05)
First Named Inventor	Judith L. Erb
Examiner Name	Chin, Chirsotpher L.
Art Unit	1641
Attorney Docket No.	3060.00021

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 11-1449 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims**Fee (\$)** **Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

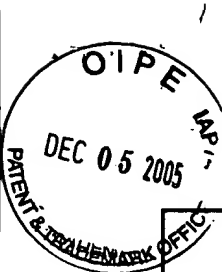
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): Certificate of Correction100.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 45,791	Telephone 248.539.5050
Name (Print/Type)	Amy E. Rinaldo		Date November 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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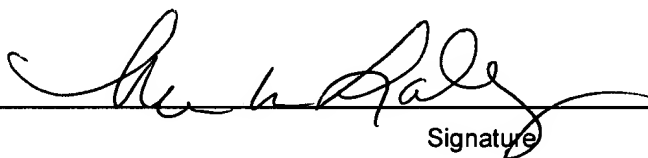
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Certificate of Mailing under 37 CFR 1.8

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on December 1, 2005
Date


Signature

Marie M. Lally

Typed or printed name of person signing Certificate

Registration Number, if applicable

248.539.5050

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

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